





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	30/12/2019 14:33
Date Of Accident	27/12/2019 11:35
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM851Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NIEN CHOR HUAY WENDE
NRIC No	SXXXX196B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90481314
Alternative Phone No	OFFICE-90481314

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00018396
Cover Note Number	

### Driver

Name of Driver	JELVONN TAN
NRIC No	SXXXX406F
Date Of Birth	15/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94758348
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 335 AMK AVE 1 #09-2003
Postcode	560335
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SIM HUI TING GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT F/20191227/7025

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB1836H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK5834H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name JELVONN TAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM851Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SIM HUI TING  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM851Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



# SKETCH PLAN

VEHICLE NO.: STM 851 Z

INSURER : FWD

DATE & TIME: 27/12/2019 11 35 am

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

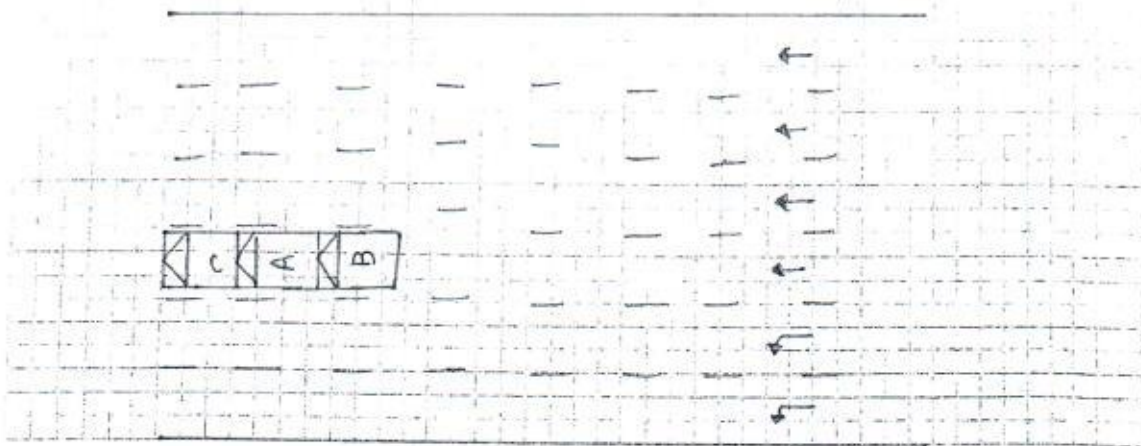
SKETCH PLAN

CTE TWDS CITY before Braddell Rd

Vehicle A = SJM851Z

Vehicle B = SKB1836H

Vehicle C = SLK 5834C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SJM851Z) was travelling along the stated location. Suddenly, Vehicle c (SLK 5834C) Jam brake thus I followed suit and managed to stop in time. But Vehicle B (SKB1836H) collided onto the rear portion of my vehicle causing me to surge forward and collide onto Vehicle C.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )





# SINGAPORE POLICE FORCE



F/20191227/7025

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## POLICE REPORT (NP299)

Report No. F/20191227/7025

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 27/12/2019 14:17	Vide Report No.	Station Diary No.		
Name Of Informant JELVONN TAN	Address APT BLK 335 ANG MO KIO AVENUE 1 #09-2003 SINGAPORE 560335			
ID Type / ID No. NRIC NO / S9325406F	Contact No. Home/Office:	Mobile: 94758348		
Nationality SINGAPORE CITIZEN	Email Address Jelvonntan@gmail.com			
Occupation SAF REGULAR	Sex Male	Age 26	Date of Birth 15/07/1993	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/12/2019 11:35 - 27/12/2019 12:00	Location Of Incident CENTRAL EXPRESSWAY			

### Brief details.

On 27 December 2019 at around 1135hrs, I was driving my vehicle (SJM851Z), Honda Stream, towards the PIE (Changi) exit heading for Pan Pacific Hotel. All of a sudden, the car ahead of us (SLK8534C) came to a sudden and immediate halt. This resulted in me having to brake immediately. The next thing I know, the car behind us (SKB1836H) then collided into the rear of my vehicle. Thus, this caused my vehicle to propel forward and collide into the rear of SLK8534H. Upon collision, I immediately checked with my girlfriend who was the front passenger if she sustained any injuries. Once I confirmed that she was responsive and conscious, I alighted the vehicle to assess the damage caused and took

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 14:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20191227/7025

photographic evidence. However, the first vehicle (SLK8534C) had already driven to the road shoulder.

I would like to state that my vehicle (SJMM851Z) had come to a complete stop before the collision. My girlfriend and I have visited the doctor immediately after the accident and have been given 3 days medical leave each.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	JELVONN TAN		
ID Type	NRIC NO	ID No	S9325406F
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	SAF REGULAR	Address Type	
Address	APT BLK 335 ANG MO KIO AVENUE 1 #09-2003 SINGAPORE 560335		Mobile No 94758348
Is Informant A Victim?	Yes		
Person Name	Sim Hui Ting		
ID Type	NRIC NO	ID No	S9536504C
Gender	Female	Age	24
Race	Chinese	Language	English
Occupation	Exhibition/Conference/Event planner	Address	48 Circuit Road #07-733 SINGAPORE 370048

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 14:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20191227/7025

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20191227/7025

Home/Office No	68425547	Mobile No	92961121
Relation To Informant	Girlfriend		
Person Name	JELVONN TAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 14:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Date of Accident : 27/12/2019 Accident Time: 11:35 hrs (24-HR-FORMAT)  
 Accident Place : CTE TWOS CITY Before Braddell Rd  
 Vehicle Reg. No (Car plate No.) : SJM 851Z Vehicle Make/Model: Honda Stream  
 Insurance Company : FWD Policy No. PNPV 2019-00018396  
 Name of Registered Owner : Company ~~Individual~~ Niew Chur Huay Wende  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S1808196B  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9048 1314  
 DRIVER'S Name : Jelvonn Tan DRIVER'S NRIC No: S9325406F  
 DRIVER'S Date of Birth : 15/07/1993 DRIVER'S License Pass Date 14/07/2012  
 Relationship bet. Owner & Driver : Spouse ~~Parents~~ \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 335 Ang Mo Kio Avenue 1 # 09-2003 Singapore 560335  
 DRIVER'S Contact No./ Alt No. : 1) 9475 8348 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (eg. working inside or outside of an ofc)  
 Email Address : Jelvonntan @ gmail. Com  
 Weather & Road Surface : ~~CLEAR & DRY~~ \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only ~~Claim Other Party~~ \ Claim Own Insurance  
 Number of Passengers (including Driver): 02 Passenger Name: Sim Hui Ting Gender: M/F  
 Was the accident reported to the police: YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Sim Hui Ting  
 Injured Name: Jelvonn Tan  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: SKB 1836H	Vehicle Reg No: SLK 5834C
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____





**SINGAPORE  
POLICE FORCE**



G/20190821/2110

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**POLICE REPORT (NP322)**

Report No. G/20190821/2110

Police Station Of Origin  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Date/Time Report Made 21/08/2019 17:13	Vide Report No.	Station Diary No. 77
Name Of Informant JELVONN TAN	Address APT BLK 335 ANG MO KIO AVENUE 1 #09-2003 SINGAPORE 560335	
ID Type / ID No. NRIC NO / S9325406F	Contact No. Home/Office                      Mobile 94758348	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SAF REGULAR	Sex Male	Age 26
Institution/School Name	Date of Birth 15/07/1993	Race Chinese
Date/Time Of Incident 21/07/2019 10:00	Location Of Incident 335 ANG MO KIO AVENUE 1 TECK GHEE VIEW SINGAPORE 560335	

**Brief details.**

On the above-mentioned date, time and location, I discovered the below-mentioned item missing. A search was made but to no avail.

**Property Information**

Signature Of Officer Recording The Report: G / Sr Staff Sgt NURUL HUDA BINTE HASHIM
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp IBNU QAYYIM BIN NAWAWI Contact No.: 62440000

Signature Of Informant: 
Date/Time: 21/08/2019 17:13
Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2019-00018396 (Comprehensive - Classic Plan)**

Car plate number: SJM851Z

Your name (As the policyholder): Niew Chor Huay Wende

Coverage start date: 19/12/2019

Coverage end date: 18/12/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Tokyo Century Leasing (Singapore) Pte Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 13/12/2019



**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.